

THE STRONG ONE—STORY  
WELFARE AND CIVIL DEFENCE  
FORCES SHAPING OUR CITIES  
THE CHILD GOES TO HOSPITAL

JULY 15, 1959

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CANADIAN

# WELFARE



*Quebec Provincial Publicity Office Photograph*

A HAPPY HOLIDAY TO ALL OUR READERS

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## Presenting this issue . . .

In **Forces Shaping Our Cities**, page 163, Albert Rose says *men* control the growth of the metropolis. They are not powerless against mindless and inimical forces that make the city into something we don't want. If our cities are becoming places unfit for people to live in, it is because we do not exercise the power we have for influencing the people who build and buy and sell, and the institutions that plan and control and regulate.

• • •

On page 158 Ethel Ostry reports a move towards a new deal for sick children. Mothers and fathers often find a child's admission to hospital especially hard to bear because they have to abandon him to strange people, strange surroundings and strange goings-on. Still harder to bear is the implied "All-mothers-are-fools-and-children-shouldn't-be-humoured" attitude of doctors and nurses.

In fairness it must be said that some hospitals have always welcomed parents' presence and help, and many hospital staffs have been most sympathetic in handling their young patients. There are still, however, too many hospitals so hard pressed or thoughtless that children endure much unnecessary grief. The recommendations to overcome the machine-like grinding of hospital routines, described by Miss Ostry, have been taken up and discussed by groups far distant from Stockholm where the top-level talks took place—as for instance the meeting in which she participated in Regina (see note with article). And in June of this year a report to the Canadian Mental

Health Association stated that permanent damage can be done to children by unwise hospital procedures, and recommended ways of obviating it.

• • •

Participation in Civil Defence is a problem for the consciences of many people. Martha Moscrop tells what social workers, and many lay citizens, are doing about it in **Vancouver—We Can Be Prepared**, page 169. We are told that the organizational idea behind their activities is taking hold in other cities.

In our concern for providing service to immigrants in difficulties, we sometimes forget how many newcomers get along with little or no recourse to the help of social agencies. Both the author and the main character in **The Strong One**, page 155, are examples. It is true that the "Anna" of the story used the YWCA for recreation, as does many another Canadian girl; and it is true that when she was in grave difficulty she needed and got casework and financial help. But for the most part she navigated under her own steam, relying first and foremost on her own hard work. Most immigrants can do this, given the kind of friendship we all need in order to keep going.

One of the ways in which we can raise our eyes from our immediate work at home—see "What the Council is Doing", page 176—is to do our part in the International Conference of Social Work. The article, **Welfare Journey**, page 149, is a bird's eye view of certain welfare problems in the east, and it gives information that will be of value in preparing for the next

Canadian Welfare



biennial meeting of the Conference in Rome in 1961. • • •

An impressive feature of the Canadian Welfare Council's Annual Meeting and Conference, just finished as I write, was the new view of social welfare we got from people who see it from vantage points somewhat apart from those of labourers in the vineyard. A town planner, a university professor of sociology, a former newspaper editor, a tax expert, a labour executive, an insurance man—these and many more gave rich and witty observations on welfare work and aims. CANADIAN WELFARE will publish some of the papers within the next few months. Look especially for a group of articles discussing the Clark report on economic security for the aged. • • •

M.M.K.

*Matinée*

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## COMING EVENTS OF INTEREST TO COUNCIL MEMBERS

**August 30 to September 5.** 12th Annual Meeting of the World Federation for Mental Health. Barcelona, Spain. General theme: Planning for Mental Health.

**September 6 to 11.** International Family Conference. Vienna.

**1960**

**June 6.** Canadian Welfare Council Annual Meeting. Halifax, Nova Scotia.

**June 6 to 10.** Canadian Conference on Social Work. Halifax, Nova Scotia.

The University of Alberta Hospital has an opening in the Department of Psychiatry for a senior Psychiatric Social Worker with particular interest and experience with Emotionally Disturbed Children.

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# Welfare Journey

by R. E. G. Davis

**T**HE curtain rose and the assembly burst into applause at the spectacle that met their eyes: a huge banner in green and yellow suspended from the ceiling announcing the Ninth International Conference, the flags of all the nations represented ranged along either side of the platform, and, in the foreground, a beautiful arrangement of flowers, and two dwarf pine trees in pots which it had taken a hundred years to grow.

This was the opening of the International Conference of Social Work in Tokyo last December, an occasion of splendid pomp and ceremony. Over fifteen hundred delegates from forty-two different countries, and I don't know how many Japanese guests, assembled in the huge theatre-like hall which was crowded to the doors.

The platform party could hardly have been more distinguished: the Chairman and Secretary-General of the Japanese organizing committee for the conference, Crown Prince Akihito, the Prime Minister of Japan, the Governor of Tokyo, and the President of the International Conference, our own George Davidson.

Almost immediately after the first curtain went up another was raised further back revealing a student orchestra which opened proceedings with music on Japanese instruments. Then came addresses of welcome in Japanese and English, all of the mes-

sages brief, so that the whole ceremony was over in little more than an hour, after which the delegates were entertained with food, saki, and beautiful dancing, at what must surely have been the most elaborate reception ever tendered a social work conference.

There followed a week of meetings around the conference theme—Mobilizing Resources for Social Needs—which I must say I found more impressive in quality and interest than, in my scepticism, I had considered likely or possible.

## Learning brotherhood

One of the difficulties of the conference was, of course, that of language. Very few of the Japanese spoke English and, since they made up half the membership in most of the groups, almost everything said had to be translated.

And there was also the problem of levels of experience which seemed sometimes to make communication of any kind next to impossible. For example, I happened to be vice-chairman of a study group on how to finance welfare programs, and we found ourselves dealing with every variety of fund-raising, through prayer, lotteries, bazaars, and street collections, as well as through organized campaigns and community chests.

The whole discussion was on such an elementary level that I wondered

Dick Davis has been for fourteen years executive director of the Canadian Welfare Council, and he is also assistant treasurer-general of the International Conference of Social Work. His article is adapted from the account of his trip to last year's conference that he gave at the annual meeting of the Ottawa Community Chest in April.

what good could possibly be accomplished, but at the closing session I was amazed at the expressions of appreciation. Almost every Japanese had something to say, the general tone of which was indicated by one young man who had acted as interpreter. "I can only express myself this way", he said, "I saw a form in the mountain and I thought it was a beast, but as I got nearer I discovered it was my brother. Throughout my life," he went on, "I shall remember this experience. As we have talked together about our problems, I have learned that we are all brothers."

### **Japan**

This, perhaps, has little to do with the techniques of fund-raising although, again, perhaps it has. Chiefly it suggests what I think the conference really meant to the Japanese, and why they received us throughout with such wonderful hospitality and kindness. Japan wants and needs the understanding and support of the free world and particularly of the west. What she has done to rebuild her economy since the war is remarkable, but the future remains full of uncertainty.

Like England, Japan lives by manufacture and trade. There is no possibility, otherwise, of her being able to provide for her ninety million people on their rocky islands, let alone raise their standard of living which is still abysmally low. (The average wage in Japan today is only \$20 a month.)

But success depends on the trade policies of other countries which are by no means generally favourable. It has to be remembered that before the war almost half of Japan's exports went to China, Korea and Formosa and that today this trade has prac-

tically disappeared. The question, important for us as it is for Japan, is what alternative markets can be opened up and developed.

### **Hong Kong**

The International Conference ended Saturday morning with a choir of Japanese young people singing "Auld Lang Syne" and then "God be with You Till We Meet Again" which seemed a fitting way to say goodbye after a wonderful week. For some of us there were meetings of the Executive Committee during the rest of the day but the next morning early I was circling down through the hills into Hong Kong.

This city's great problem is overcrowding due to the flow of Chinese over the border. The present population, 99 per cent of it Chinese, is estimated at over two and a half million, a full million greater than before the war.

You have to see to believe how these people live. Many of them have no houses at all and sleep in doorways, on rooftops, or in the streets, and of those living indoors the great majority have only a cubicle large enough for a bed.

Everyone talks of the squatters, over a quarter million of them, living on the hillside in shacks made of wood, tin, or whatever material can be picked up, but it is not clear that their plight is much worse than that of most other poor people throughout the community. In an effort to cope with the situation, the government has erected a large number of multi-storied flats but so vast is the problem that these hardly make a dint in it.

Actually one can hardly think of a social problem that isn't compounded in Hong Kong. We were told, for

example, that ninety per cent of the refugee population is infected with T.B., and that fifty per cent of the children suffer from malnutrition, lack of sleep, and bad teeth.

To the visitor the situation looks altogether hopeless, but we soon found that this was not the attitude of the English-trained welfare workers in the one hundred voluntary agencies and in the government departments. These people, toiling long hours with meagre resources, are a grand lot and one felt proud to have some affiliation with them.

### Thailand

A short visit in the Philippines, and then on to Bangkok for a visit with an old friend of mine, Sam Keeny, who is the Director of UNICEF for the south-east Asia region and, incidentally, the author of a book, *Half the World's Children*, which some of you may have read and chuckled over.

Bangkok is the regional headquarters not only for UNICEF but also for most other United Nations agencies as well as WHO, FAO, UNESCO, and Technical Assistance; and I spent a good deal of time during my visit talking with various officials and stuffing myself with facts about their work which they very willingly supplied.

The most striking of these, in my view, had to do with the elimination of malaria, the largest cause of death in the east. The head of WHO told us that with the funds already pledged this plague will be completely wiped out in a very few years.

Incidentally, you might be interested in a story in this connection which I picked up from Keeny. When the anti-malaria campaign was being launched in Thailand, the

United Nations team gathered together the principal community leaders to get their support. However, when the story was told the Buddhist priests present—you see them everywhere in Thailand and Burma in their saffron robes—shook their heads.

"You speak of killing mosquitoes", they said, "but our religion is opposed to the destruction of life. We can, therefore, have no part in it."

There was dead silence for a moment but Keeny himself saved the day. "I am afraid we haven't told our story very well," he said. "It is not our plan to kill mosquitoes. We propose merely to spray the villages with DDT in the hope that the mosquitoes will commit suicide."

A smile spread over the faces of the priests. "That", they said, "puts the matter in quite a different light".

### Burma

Burma, like Thailand, is a great rice-growing country, the two of them with Indonesia constituting the rice bowl of the world, and most of the people, over 80 per cent of them, live on farms. For this reason, social welfare in both countries is mainly an attempt to raise the standard of living in rural areas.

There was no chance, unfortunately, to see the operation of this program in Thailand, but in Burma I was luckier. Not only did I talk with some of the leaders of the Community Development Movement, as it is called, but I also visited Tauk-kyan, a re-development village some thirty or forty miles out of Rangoon on the road to Mandalay. This, we were told, is typical of some three hundred such centres established in every district throughout the country.

A young man, with a year's train-

ing in the national school and a pittance of a salary from the government, had come into the village quietly to live with the people. He had met with the elders, talked with them, drawn them out, while at the same time he built his own hut which very soon became the focal centre of the village.

Before long, discussions began to take place around matters of common concern and then, slowly, cooperative action developed, to eradicate pests, to dig a deep-pit latrine, to raise a dry crop in addition to rice, to teach home crafts, to repair a road.

This is about all there was to it except the evident enthusiasm of the people and their confidence that through working together they could make some headway in improving their lot.

Obviously such a process is slow, perhaps too slow in face of the problems that have to be dealt with—one recalls, for example, that life expectancy in Burma is 29.7 years, the lowest perhaps of any country in the world—but at any rate it expresses the will of these rural groups—and you find much the same thing in India and other under-developed countries—to battle unitedly against their age-old enemies of poverty, disease and ignorance.

By the way, you might be interested to know that in some of these Burmese villages they have established what the leaders refer to as a "community chest". It began when someone suggested that each family lay by a handful of rice whenever rice was being cooked. These handfuls could then be collected and sold to the poor at a very low price. Since then the idea has spread widely and the resulting welfare fund is now used not only to provide relief but to

start various new projects for the improvement of village life.

There's one other incident I'd like to recall before passing on from Burma. During my stay I visited a maternity hospital and was impressed with its general informality in contrast with the sterilized efficiency that is characteristic of most of ours. In this hospital there were no fixed visiting hours and the father and older children were permitted to visit the mother whenever and as often as they wished.

The most interesting feature of the setup, however, was the way the babies were taken care of. Each child lay in a crib at the bottom of the mother's bed so that she could either rock him with her foot or pick him up for fondling whenever she had a mind to. As you know, something like this same procedure is being introduced now in some of our more progressive maternity hospitals as a daring innovation. The Burmese, natural and spontaneous people that they are, would find it difficult to understand how any other method could ever have been thought of.

## **India**

In India what I did mainly was to talk with people active in national planning, some of them from government and others from voluntary welfare organizations, who did their best to clarify the basic issues for me.

The problem that invariably emerged in the various conversations I had was that of population. India is unable to maintain her present population of nearly 400 million at a level above that of extreme poverty, and yet the number is increasing at the rate of five million a year.

This problem of "population explosion", is of course present in



varying degrees in almost all under-developed countries. Some of you may have read Barbara Ward's statement in a recent issue of the *Atlantic Monthly* in which she points out that "by the year 2000, whatever steps are taken to discourage further expansion, the present population of the world will have more than doubled" and that the bulk of this expansion will take place in Asia.

To maintain such a population, not at North American standards but at even a minimum level of health and decency, may well prove to be the paramount social problem of humanity in the next generation.

The only possible way of coping with this situation, clearly, is through intensive and rapid industrialization, but for this to take place something, of course, has to be saved out of current production which can, in turn, be invested in power plants, factories, and the like. The baffling question is how such saving can be brought about in a country as poor as India with an annual income of \$68 per head.

### **Social logic in India**

One feature of the Indian plan that we found particularly interesting was the place of the social services in the total strategy for advance. It might be expected, in view of the stress being placed on economic development, that programs of social welfare would necessarily be given a low rating.

The fact is the very opposite. In the first five year plan, fully 25 per cent of the total outlay was allocated to the social services, using the term broadly to include education, health, housing and rehabilitation, as well as social welfare programs as ordinarily understood.

We were naturally eager to know how such seemingly reckless expenditures could be justified, and the explanation we got was very enlightening. These expenditures, as the Indian leaders see them, are not at all excessive but are based on a hard-headed calculation of practical results to be achieved. The point is that at India's present stage of development an investment in people can be much more productive than an investment in machines.

One has to consider that labour is India's greatest resource. There is plenty of it but, unfortunately, it is not used efficiently because so many workers suffer from ill health and low physical vitality or are woefully handicapped by lack of basic education.

If, however, this condition could be changed through better social services, productivity would at once increase, and from this would flow benefits not only to the individual but to the economy of the country. The national income would rise, saving would begin to be possible, and finally a firm base would be laid on which industrialization could gradually move forward.

I like the way one young social scientist put it for us. "In India", he said, "social welfare programs are not regarded as a mere patch on the fabric of the national economy, but rather as the warp of a national plan in which economic development constitutes the woof."

From India I went to Karachi and then to Cairo. New Year's I spent with Canadian friends, the Suttons, in Beirut where I met all manner of interesting people and got introduced to the problems of the Middle East.



From Beirut I circled back in a United Nations plane to the parched and pitifully desolate Kingdom of Jordan; and finally, through Jerusalem's Mandelbaum Gate, I entered Israel, the fabulous homeland of the Jews where miracles are a daily occurrence.

### **Canada and the East**

So ends my tour of Asia, but there is one other incident I should like to relate because of its close connection with the City of Ottawa. It took place in Jordan, and has to do with a visit I was practically compelled by my hosts to make to a frontier village called Battir. Its leader, or "mukhtar", is a remarkable man named Hasan Mustafa, who, finding that the line between the two countries separated his people from their farms, took the initiative in working out an arrangement by which they are permitted to cross over the national boundary each day into Israel to cultivate their crops.

He had also rallied his villagers behind a voluntary work movement, complete with banners and badges, to improve the community generally, with results that could be plainly seen in the trim white houses, the clean streets, and the carefully tended terraces extending down the hillside to the border.

We were warmly received by the mukhtar who, in characteristic Arab fashion, took us first to his home for coffee and sweets and then began the tour of the village which ended, finally, at the school, a white stone building with one room full of neatly dressed and well scrubbed children of all ages.

It was here I learned at last the

special reason that I had been induced to visit Battir. As we stood in front of the class beside the teacher, a girl got to her feet and addressed me as the special guest:

"Dear Friend", she said, "this village is named Battir but we like to call it the Canadian village."

She sat down and a boy arose:

"Dear Friend", he began, "General Kennedy of Canada, when he was here, built the fine road that runs through the village." (This was, of course, General Howard Kennedy of the Federal District Commission, who had been in Jordan some years before with UNRRA).

There was another pause and a girl stood up who began in the same way:

"Dear Friend, we teach sewing in our school. We have a sewing machine that was sent to us from Canada by Dr. Hitchmanova."

Finally another boy spoke:

"Dear Friend", he said, "we like our school. It was built for us with pennies collected by the school children of Ottawa where you come from. When you go home, please thank them for us."

Of course, it was all carefully rehearsed, this ceremony, and once or twice a child stumbled over a word. But it was very moving and I am afraid I had some difficulty controlling my voice when I replied.

Who was it said that international aid was a means of condensing the vapours of good will into showers of blessings? This clearly is what Ottawa has done with quickening results in the village of Battir. But there are ten thousand other villages through Asia where the soil remains parched and barren.

# The Strong One

by Renate von Baeyer

WHEN I first saw her, she was sitting primly on one of the chairs in a YWCA lounge, her sister beside her. They had perfectly round faces with large brown eyes, and the sister smiled at every occasion, showing her strong white teeth and deep dimples. Martha was seventeen then, but Anna, the elder—the strong one—not quite nineteen.

We took the same way home after tea, and since they had never used a bus I had to show them how to ask for a transfer and when and where to change. Young Martha laughed: she thought it a splendid experience. Anna smiled a little forlornly and wistfully, the way she still smiles.

Anna and Martha were both completing their year of domestic work, which they had promised when coming to Canada. They were going to school besides, taking night classes in English; and once a week they went to the YW where there was an afternoon program for immigrant girls.

Later on Anna went to a few families she knew and helped in their homes—always eagerly awaited, especially by the children who liked to play games with her after work.

At that time Martha's and Anna's main hope was to get their mother and youngest sister over to Canada

too. The girls had come with their father. For a while the three of them worked and saved and saved . . .

Meanwhile Martha and Anna learned how to clean and polish and wash beautifully and to use all the household equipment well. The children loved them, wherever they worked. Toddlers clung to Anna's apron, boys wanted their knees bandaged after a bad fall, girls showed off their dresses. They came to her for food and comfort and a little company, and even taught her English.

Then one day we went to see the pastor to get help in having the mother and youngest girl brought over to Canada. There was a solemn talk in the newly-built church, and with the pastor's kind help, as to all immigrants, things moved quickly. A letter from their pastor back home helped at the other end.

When she arrived, Elizabeth, the youngest, came to the YW too; she had a shy, lovely smile and a beautiful singing voice, quite clear and high, so the three sisters were a great help to the immigrant girls' struggling little choir.

Martha and blonde young Elizabeth were soon married to boys from back home. As the pastor waited for them

The author, Mrs. H. J. von Baeyer of Ottawa, came to Canada from Europe with her family eight years ago, and immediately plunged into the life of her new country. In addition to caring for a household of husband and four children, she has been doing volunteer work at the YWCA and studying sociology at Carleton University. Her story, "The Strong One", is based on her personal knowledge of the people in it, although the names and other details are of course disguised.

to come up the church aisle, so very young and so beautiful in white and their veils, most of us wept.

But it is of Anna, the strong one, I want to tell.

Once in a while she did not turn up to sing and have coffee at the YW with the others, and everybody missed her. Then the reason turned out to be a man, older than she was, silent and dark and very polite, who came and waited for her when she was with us. When he was introduced he bowed deeply but never, never took his eyes off Anna. His fine face contrasted with his calloused hands, so often cut and raw.

Later I learned more about him. His father had been a master mechanic in his northern country, and when the winters grew long and dark he used to shut himself up in a hotel room and drink and drink. He was quite a well-to-do man and the mother a fine woman, but the money went as he drank and drank—shut up in a dingy hotel room somewhere away from home. He handed out one big bill after another to friends to go and buy drinks—sometimes by the fistful.

His son, Anna's friend—a shy young boy then—used to try to find him and stop him. Sometimes he succeeded, but not always.

Some of this sickness, though, was in the son too, although he feared and detested the urge to drink. Now and then, when he met friends from his northern country, he could not resist. They seduced him to drink quite guilefully. With each bout of drinking he lost work or got involved in accidents with the machinery.

He clung to Anna, and when he was with her he stopped drinking and worked steadily. He adored her. A

marriage date was set and Anna was quietly happy. Soon he moved in with her parents. Still he clung to Anna and stopped drinking and they saved . . . it was nearly enough for the furniture.

Anna went out cleaning during the day, much sought after by former employers. She was always so good and reliable, and the children in the homes asked for her to come.

One day, while she was polishing my floor, I felt I had to ask her what was wrong: she seemed to be troubled, which did not happen often with Anna. A much-needed certificate for their marriage had not come. She followed my advice to see the officials concerned quickly, and found that her man was not yet divorced: she had not known he had ever been married. The paper finally came and had to be translated, and they would have to wait quite a while before they could have a wedding.

And in such trying days the man broke down, took to drink again and went berserk. They had to take him to the ward in one of the large hospitals, where he was placed with the mentally ill until he had to leave the country. When the doctors in the mental hospital shattered Anna's hope of waiting longer—we sometimes took her down in the car to see the sick man—she was heart-broken. She had hoped to be married right after his release.

After a while a little boy was born and Anna kept him. She had so hoped for her home, with her new furniture, and for the husband who adored her to come home to her at night, and to the little boy with his dark eyes and sweet smile ready to be taken up in his father's arms!

Her parents and married sisters

helped her over this difficult time. Pastor and social worker were understanding. I visited her in the hospital. She was glowing with pride: the baby was perfect and even then resembled his much-loved father.

Shortly after that, a widower met Anna. He was much older, fairly well-to-do and he was very fond of her. He bought a little place up in the hills, among bush and swamp, fields and a lake, and they were quietly married. The little boy now had a home and parents.

Anna did not smile too much in that time, but she managed to be a wonderful mother and a good wife, and she looked only a little bit wistful, and more forlorn than before. I took a gift and had coffee with them soon after their wedding trip. I felt that at last Anna's little boy had found security, shelter, home.

One day, some months later, Anna phoned me. Her husband, she said, was very ill. They were quite isolated, having miles to travel for treatment over rough country roads. I asked her to come and see me, and we had a little chat about it.

The sick man could not be saved. His illness was cancer, and he died quietly and quickly after much pain. Anna, a widow at twenty-one, with a little boy, was now far out in a little farmhouse in the hills. Miles to go to the store—one kind lady, a neighbour, to talk to.

She bought a cow and planted vegetables and gathered berries in summer. She canned and made butter and jams, raised potatoes and baked

bread. The social worker visits once in a while. Anna gets an allowance to buy groceries and some clothing, and uses the baby bonus to make sure her boy is well looked after and gets an education.

The winters are long and lonely and at night her dog has to chase away unwelcome visitors, who know the young foreign widow is alone in her small house.

She has learned to drive a car, and when it is possible her father lends her his old vehicle for a while, so she can visit sisters and parents and all of us. Most of the immigrant girls of the YW group have meanwhile been married—all are glad to see Anna.

She brings us homemade fruit juice and is justly proud of her little son, well behaved and sturdy. He is being brought up with fresh milk and fruit and vegetables and cod liver oil.

Anna has promised to teach me how to drive. She advises me what gadgets to buy for the household, and what cleaning materials. She knows where I can get my typewriter repaired or where to buy homemade sausages or where to rent the nicest summer cottage.

There is no fear in that girl, no self pity. She wants a good future for her son and for herself, but no marriage without love. She works on, quietly and patiently. Men desire her, though she is stocky and round-faced, for something of clean earth and strength goes out from her, and a wonderful honesty about matters of human life.

# Children and Hospital Care

by Ethel Ostry

**T**HE best place to care for a sick child is in his own home among familiar surroundings, where the people who normally give him security and affection can attend to his needs. The young child, under five in particular, is unable to understand what illness is. Physical care does not necessarily go hand in hand with mental well-being.

Admission to a hospital, particularly where the atmosphere is institutional and coldly impersonal, may lead to acute depression that can reduce the value of physical care and even contribute to a fatal outcome. It may also impair the child's mental outlook for the rest of his life.

It is necessary, however, to be realistic about the question of admissions to a hospital—the child's physical state must have the best consideration and treatment that medicine can give. His emotional needs are just as important and must be equally cared for.

If he is indeed to be cared for as a human being with thoughts and feelings as well as physical needs, he must be prepared to meet the change and stress consequent upon admission and later upon discharge and in after-care.

## **Urgent hospital care**

The physician, the study group believed, should be clear about why he recommends admission and what

investigation he proposes to undertake. Whatever the reasons, whether they are primarily observational or primarily therapeutic, he should first be convinced of the unconditional necessity for admission to hospital.

There are cases where investigation and treatment in hospital is essential or a matter of emergency. There are also social conditions in which the immediate reaction of the parents is to seek the child's admission into a hospital, where he is most likely to be adequately cared for; for instance the home may be overcrowded or both parents may be out at work all day. Paediatricians are often forced to accept the situation and admit children when they would otherwise choose to avoid a separation from the home.

## **Making home care possible**

The study group thought the social problems could only be met by social measures. As, however, the factors mentioned often closely affect professional decisions about admission to a hospital, a valid social argument can be advanced for improving medical services and care within the home.

With this in mind it was suggested that: a reserve staff be established in enterprises employing women so that mothers can be released to care for their children when they fall sick, without losing their jobs; and a mother should be given a daily bene-

fit equivalent or comparable to her wages to enable her to look after her sick child in such circumstances.

### **Danger of hospital trauma**

The study group believed that admissions should always be carefully planned by the paediatric service in the light of knowledge of the home background and of what the hospitalization is attempting to achieve.

Without explanation and precautions the child easily resorts to troubled fantasies. This applies particularly to children in the pre-school and infancy periods. Children frequently feel what is happening to them as a rejection on the part of their parents or a punishment for some way in which they have behaved. Unspoken fears may remain with them always.

Various circumstances may necessitate sudden admission at times when treatment is a matter of life, and the physical conditions have to be dealt with first and foremost. The acutely anxious parents need help and support, and perhaps might be allowed to stay near the child and be with him when he regains consciousness. But if they are over-excited and have a disturbing effect on the patient, they might be allowed to stay on the premises but not have intimate contact with the child. In such cases the medical social worker can be of great help.

### **The mother and the hospital**

The study group studied actual cases that indicate when the mother should come into the hospital with her child, and when this is not advisable. Practical illustration was given of instances where the mother's admission with her child allayed anxi-

How do children feel about going to hospital? Are they frightened, and damaged in spirit while they are being cured of bodily illness?

In April a year ago there was a meeting in Regina to discuss the emotional needs of children during, before, and after their stay in hospital. It was arranged by the local branch of the United Nations Association, in conjunction with the Saskatchewan Division of the Canadian Mental Health Association. Miss Ostry, then consultant in medical social service for the Saskatchewan Department of Public Health, presented the viewpoint of the World Health Organization as it had shaped up in a study session in Stockholm in September 1954, in which paediatricians, psychiatrists, a medical social worker and a psychologist from countries with a wide variety of conditions, took part. This article gives the substance of her presentation. The subject has been written about in this magazine before, from a doctor's point of view: see "Children in Hospital", by Alan Ross, in the May 1, 1957 issue. It is of much concern to all those who are anxious that all factors in a child's welfare should be looked after.

eties in the patient and educated the mother. It was shown also that the father, in the interests of good family relations, must have a proper understanding of the need for his wife's accompanying the child.

The question came up whether, in all cases, the mother should be admitted with a young child. Attention was drawn to the outstandingly good results which had been obtained by the Drs. Pickerills in New Zealand in a hospital for the surgical treatment of infants, where every child is accompanied by his mother, and is cared for entirely by her except when he is in the operating theatre.



Questions were raised as to whether there is not a tendency, in trying to avoid all trauma, to make the child's life too easy; life cannot be lived without difficulties and the struggle to overcome them. But with small children the "dosage" of stress must be graded as their level of tolerance is low.

The study group wished to emphasize the value of the mother's admission as a prophylactic measure. The conclusion was drawn that, when the paediatrician and the psychiatrist feel it is of major importance, children should have their mothers with them throughout their stay in hospital. In certain other cases, the mother should at least spend the early part of the admission with the children to help them to settle in.

### **Preparing the child**

In all cases, whether the parent stays in the hospital or not, a "technique of reception" which calls for an imaginative appreciation of the child's feelings should be made a subject of careful study. For instance, the child should not be deprived of the toy from home, with its familiar smell, nor be divested of his own clothes, nor should he have a bath forced on him if he is unwilling and anxious.

The ward he enters should be a small one, with furnishings he will appreciate, and his bed or cot should be in keeping with what he is used to at home. These small and apparently trivial details are important for any youngster.

The staff, in helping the child over the separation from his parents, should avoid obvious deceptions, for above all he needs to feel confidence in those who are going to care for him.

### **Hospital atmosphere**

More extensive examination by doctors and architects of the problem of hospital design for the future was thought to be a necessity. The group felt that consideration should be given to the provision in children's departments of small wards or rooms capable of approximating home conditions, and with accommodation for accompanying mothers. In some instances satisfactory arrangements could be provided by separate cottages or "pavilions".

Routine procedures, though often not essential, continue in many inpatient and outpatient departments. Procedures should be given careful consideration in the light of what they mean to the child. He should not, for instance, reach the anaesthetic room in a state of frightened awareness.

Even more important is the creation of the right emotional atmosphere in a ward. Two main factors should receive special attention, day-to-day care of the infant or child in terms of his relationship with staff, and the maintenance of home contacts.

The child should have some familiar support to give him a sense of security, since he is divorced from his home surroundings. This the child does not get when he is faced with a succession of different nurses at his bedside. One illustration was given of a West African nurse whose success in a children's hospital was attributable in part to the ease with which babies could identify her in a sea of strange faces.

The recommendation was that, despite the shortage of nurses, every effort should be made to provide each child with the services of one particular nurse to whom he becomes



accustomed throughout his illness. This also applies to the doctor. Having once started to form a contact with the child in the outpatient department, the doctor should, whenever possible, follow through the treatment to the final stages.

### **Friendly faces**

Visiting plays an important role in relation to therapy. In Italy, a country traditionally warm hearted in its attitude to children, visiting has never been forbidden except in special cases.

An interesting contrast to the particular western trend of "toughening" the young child was cited from the customs of another culture where, when a child was admitted to a hospital, he was never alone during his whole stay: his mother or some other member of his family was always by his bedside day and night. There appeared to be less evidence of psychological disturbance in such cases.

There are still children's hospitals in a number of countries where visiting is forbidden, and many others where it is grudgingly permitted once weekly or even less, and there is little understanding of all the emotional implications of isolation from the family.

One of the arguments against visiting has in the past been the risk of infection brought in from the outside. In the United Kingdom when the rebuilding of hospitals was under construction in 1945, the British Paediatric Association set up a small committee which studied factors that might affect their design. Among these, the question of cross-infection was investigated. From a careful statistical analysis of material collected in 12 different centres, there was found no positive evidence that visit-

ing by adults in any way increased infection. The experience of the Drs. Pickerills in New Zealand, where mothers are admitted with their children, supports this view.

To regulate visiting effectively, various factors need consideration. In large hospitals visiting hours have to be staggered to prevent congestion. In a number of hospitals experience has shown that both visiting hours and the frequency of visiting must be controlled, bearing in mind the child's relationship with his family and the parental attitude.

The over-anxious, disturbing parent and the child with a distressing illness often present visiting problems, and in some cases it may be advisable to apply restrictions. It is the paediatrician who must make the final decision in the interests of his patient.

The handling of visitors if properly organized can bring great advantage. Mothers are found to fit into the life of the ward much more easily when given something to do. They should be encouraged to play with the child, give him his evening wash and his supper, read a story, say his prayers with him and tuck him up for the night.

While with the younger children contact with the mother is irreplaceable, older children often value visits from their friends of the same age, and such visits have been encouraged with beneficial results. The value of the father's visits must also not be neglected.

### **Avoiding visiting problems**

However, the fact was faced that visits, however well organized, inevitably cause a temporary disturbance not only to the hospital routine but to the patient. Nursing staffs often feel that the brunt of this dis-

turbance falls upon them, both during the visit and after when the child most keenly misses his visitor.

Often parents have questions to ask which the nurse does not always feel she can answer. For these reasons parents should have easy access to the head of the department, and the doctor should always be present whenever possible to give support during and for a short while after visiting hours.

Special visiting problems are raised when children with chronic illness have to stay in the hospital for many months. Psychological difficulties for the patient are increased and there is difficulty in maintaining family relationships.

Many members of the study group felt that for visiting remote long-stay cases, parents should not only be given travel allowances, but should be paid for their loss of time from work in order that family contact might be maintained.

Where the parents live too far away to pay more than rare visits, the help of play nurses is invaluable as

they can devote extra attention to the child. The good offices of local visitors can also in part alleviate the problem, though neither can fill the role played by the parents.

Continued contact between the child and his parents throughout his stay in the hospital offers the best assurance of a smooth transition on discharge. To render the discharge easier in difficult situations, various methods have been utilized. Paediatricians sometimes see the parents not only individually but in groups. For example, it has been found of great value to invite the parents of children suffering from one disease, let us say diabetes, to come to the hospital together and discuss their anxiety freely with the paediatrician. The paediatrician in turn explains to them frankly how they can best help their child after discharge.

At times it has been found helpful if the mother can spend a few days with the child, in or near the hospital, prior to discharge. Another alternative is for the patient to go home first for a day and then for weekends before his final return.

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### **Three Score Years—and Then?**

a new radio series for CBC Trans-Canada Matinee

On six consecutive Wednesdays from July 15 to August 19, a free-lance broadcaster, Elizabeth Mascall will examine some of the questions implied in the "And Then?" of the series title. Trans-Canada Matinee is heard at 2 p.m. EDT. Local newspapers should be consulted for times in other regions.

# Forces Shaping

## Our Cities

by Albert Rose

**T**HE participants in this conference on "The Troubled Metropolis" have heard a good deal during the past twenty-four hours about the growth of cities, and have had some opportunity to speculate about its effects upon the individual and his family.

They are aware of the significant influences of Canada's extraordinarily rapid growth in population, which results from a combination of a high birth rate, a low death rate, and large scale immigration from other countries.

They are aware of the trend towards urbanization and the fact that in the past fifty years we have ceased to be a nation of rural people and have become urban dwellers. In 1980, about four-fifths of the 30,000,000 people we expect by then will live in cities and towns.

They realize that our greatest growth in urban population is occurring within a relatively few—about fifteen, in fact,—so-called "metropolitan areas" in Canada. By 1980 again,

it has been predicted, about two-thirds of our people will live in these vast centres.

They are aware, as well, that the urban core within these metropolitan areas is declining, and we are unable to stop, control or prevent the spread of blight and slums at the centres of our "chief cities". The population is spilling over from the central cities into the sprawling suburbs, so much of which did not exist, even in the imagination of land speculators, a mere dozen years ago.

They have recalled the influence of the automobile in this complicated picture and are clearer about the importance of the controversy over private transportation versus public transit in metropolitan areas.

Finally, they have considered, briefly, the role played by land speculation and private building in the creation of disorderly or unplanned growth, as well as the failure of formal planning machinery to control premature development and speculative building for markets which come

Albert Rose is a professor of social work at the University of Toronto. He knows the problems of the city well. He has studied housing in cities from the scholarly point of view and his writings have been numerous; his full-length book *Regent Park: a Study in Slum Clearance*, was published by the University of Toronto Press last year. He has also taken an active direct part in community planning, serving as an officer of the Community Planning Association of Canada and as member of many committees. This article is his own adaptation of the address he gave at the winter conference on The Troubled Metropolis conducted by the Canadian Institute on Public Affairs, February 1959 in Toronto.

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into being in response to special inducements.

All these are indeed the factors which together and in different combinations from place to place and time to time, explain the fabulous growth of Canadian cities and of metropolitan areas in particular.

They are "trends" or "growth factors" of crucial importance. They are not, however, "the forces which shape our cities"; they are the effect of these forces.

#### **Men are the forces**

The forces which shape our cities are, very simply, the power impulses that have been most influential in shaping our destiny for the past two centuries, namely:

*Man in his several roles*, particularly as business man, as professional man, and as "specialized man" (that is, the expert).

*Man in the institutions he has created* to perpetuate his right to make independent decisions, in government, in the courts, in administrative commissions—which together are the core of the so-called free enterprise system.

*Groups of men and women* that form from time to time to exert pressure to influence a particular decision in a particular way when these groups see that a coming decision might affect their community or their neighbourhood, their homes or their families.

**The most important and most powerful force is man himself. I reject the notion that man is powerless in the face of pre-determined forces. Man creates these forces and has the power to control them.**

How does a city grow? It grows because man makes certain decisions about the shape of the urban environ-

ment he believes he will enjoy. It need not necessarily grow in area—in square miles of urbanization in response to a certain amount or proportion of population growth—because every city has a sponge-like absorptive capacity.

But decisions are being made continuously by man and for man.

#### **What people believe about living space**

In North America he has been taught to believe and believes fervently that every family or household has the right to a separate dwelling unit.

He believes fervently that separate living space is ideally provided in a single detached dwelling unit on the ground.

He believes that the greater the width and depth of his lot, the more ideal is his housing accommodation.

In Canada, he has an irrational prejudice against living in a row house—albeit on the ground—or in an apartment building, before his children reach adulthood.

The most obvious effect of this folklore of family housing is the horizontal rather than the vertical shaping of the growth of our cities.

#### **What they get**

The city grows as many men become discontented with the attraction or lack of attraction in living relatively near to the centre of the city. The incipient deterioration of certain portions of the urban centre, or the arrival of large groups of new immigrants, may provide much of the stimulus.

Whatever the reasons, in the past (say before 1930) some men moved their homes, but not usually their places of business or their offices or their financial institutions, a sufficient

distance to enable them to specify a new list of amenities: fresh air, sunshine, a communion with nature, living space, lower taxes.

The new movement, however, (say since 1945) is not a movement of a few well-to-do nature lovers but a movement of sewer and water lovers. They may find fresh air and sunshine—for a time—but very quickly they seek and demand pure water supplies, sewage facilities, paved streets and sidewalks, street lights, education and recreational facilities, arterial roadways to convey them more or less rapidly to the centre of the central city where they earn their living.

Their taxes are not usually lower than those in the city proper even without all these services; with them, their taxes may be far higher.

#### **The men who decide**

Man is helped to translate his beliefs or prejudices about his housing into decisions through the widely accepted operations of the free housing market—a market which works best when it is not free but substantially supported by society's ability to borrow money from its members to finance the so-called private construction of dwellings.

A whole host of "other" men must make decisions which induce man as a consumer to move in such a way that the city grows horizontally. Some of the decision-makers are motivated by commercial considerations, by profit, by the excitement of creating things which create money: houses, roads, highways, shopping centres, schools, churches, social capital—even the more mundane sewer and water facilities.

The decisions made in the complex metropolitan area resulting from this process of outward movement of in-

ward looking city dwellers are made by men—by a relatively few men.

There are, firstly, the land developers and house builders. It would be very foolish of us to contend that there is a conspiracy on a grand scale to shape our cities so as to maximize the profits of this small group. It would be equally foolish to underestimate the power possessed by its members.

No longer is it true that the typical house builder in Canada is a small entrepreneur who builds two or three or half a dozen houses each year. There have emerged in recent years a fair number of large organizations, building corporations, whose annual programs represent hundreds of thousands of dwellings and many millions in investment. Together they account for a substantial proportion of nearly \$14 billions in capital investment in residential construction, about one-sixth of all investment in Canada.

These decision-makers have the right, under the assumptions which underlie our social and economic affairs, to choose their sites and regulate their programs as they see fit. Since they serve many markets, but primarily the mass market that can only be served upon relatively cheap land, they tend to operate farther and farther away from the central city; not merely on the fringes of the city but on the fringes of the fringes.

The pressures upon the metropolitan area to provide access and to extend services over long distances, and perhaps through a good deal of raw land not yet under development, prove to be severe. It must be obvious that society has the right and obligation to "interfere", to pass judgment upon the validity of these decisions.

I can recall a case, less than two

years ago, when a rural municipality of about 9,000 persons on the fringe of the metropolitan area of Toronto was faced with the prospect of a single private development which would have added 25,000 persons within a decade. This is not the building of "the regional city" but the building of regional chaos.

#### **The institutions that decide**

There are, secondly, the elected representatives and appointed members of administrative commissions serving not merely local government but the higher levels as well. In the complex metropolis, two somewhat contradictory tendencies seem to operate.

On the one hand the elected representatives charged with metropolitan responsibilities must make decisions involving huge sums of money and very serious implications. They must consider approving expressways at \$5 millions per mile; subways at \$10-\$20 millions per mile; redevelopment projects at \$1 million per acre. Such projects truly shape our cities and in so doing require vast acquisitions of land and the dispossession and re-settling of great numbers of people. The decision-makers appear to have gained tremendous power.

On the other hand, the complexity of metropolitan problems very often makes it necessary for the elected and appointed board members to rely heavily upon the special knowledge and technical skill of the staff specialist, the expert. Catherine Bauer, writing in the *Journal of Social Issues*, has posed the problem for us in these words:

... most of these decisions that determine the shape and quality of our environment are made neither by the consumer, by the builder reacting to known consumer demands, nor by

elected representatives of the people. They are necessarily made, on the whole, by a long line of specialists, employed by public agencies and also by big builders and lending institutions. These middle-men translate the laws into standards, regulations and operating policies. They advise as to what will or will not be profitable. They design, construct and manage the housing projects . . . no one individual is likely to have much power by himself, but together they are largely responsible for the home environment of their ultimate victims or beneficiaries, the people who need housing.

The most fascinating and difficult aspect of their decisions, of course, lies in the fact that every aspect of housing and city planning policy comes down, sooner or later, to social "value judgments" about the needs and preferences of people, family and community functions and the relations between groups.

I have heard men of considerable intelligence, knowledge and power, argue about the most appropriate number of miles that should intervene between the downtown area and the residential areas of families with children. "No family with children should live closer than three miles from the centre of the city," was the expression of one powerful judgment.

The problem is that the decision-makers cannot recognize the values inherent in their judgments or even recognize judgments as such. Why three miles? Why not thirty miles?

An equally serious question concerns the qualifications of the decision-makers to create social policy based upon such judgments. Miss Bauer has written:

Value judgments are peculiarly difficult to make in a society as varied and as changing as ours, but they will nevertheless affect our everyday life for generations to come. And the typical



experts currently employed in this field—builders, financiers, lawyers, administrators, economists, architects, city planners, engineers—are often exceedingly ill equipped to make such decisions.

One further comment must be made with respect to the men who make up several groups of forces which shape our cities. My colleague, Professor Wright Mills, receives the credit for this perception which appears near the beginning of his book, *The Power Elite*. He wrote: "No matter how great their actual power, they tend to be less acutely aware of it than of the resistance of others to its use."

#### **The groups that exert pressure**

This observation leads us, finally, to man as a citizen who joins together with other citizens to influence the decisions which shape our cities. There are some among us who believe that man as an individual or as a member of such a group cannot really exercise any important influence. The editors of *FORTUNE*, in *The Exploding Metropolis* have expressed such discouragement in these words:

Many years ago it would have been taken for granted that the citizen would have a key role in urban design. If something needed doing in the city, the layman knew very well it wouldn't get done unless he saw to it himself and he was not inhibited by a lack of expertise. In these seemingly more complex times, however, the layman is apt to feel that he can be no more than a sidewalk superintendent and that, anyway, what with the great number of planning commissions, study groups, and professionals of one kind or another, the job should be left to experts.

There are others among us, however, who cannot accept this view. We recognize the futility of disparaging the qualifications of the decision-makers, and recognize that experts are indispensable.

Nevertheless, the councils of governments, the boards and commissions, even the private operators, can be persuaded that the process of decision involves alternatives, that the choice between alternatives requires social judgments, and that the making of social judgments is not the exclusive prerogative or privilege of any small group of men.

## **CHRISTIAN MORALITY IN HOUSING**

"The shelter-value, home-value and social-value of housing are to be considered", said Cardinal Leger at a recent meeting of the Quebec House Builders Association.

The shelter-value of a house depends on proper planning, the materials used, and the quality of workmanship.

The home-value of a house, he said, "is what makes it a suitable place for the physical, moral and spiritual development of the family. There must be sufficient space, air and light . . .

"The social-value of housing", Cardinal Leger added, implies the construction of a house which favours the integration of individuals in society . . . The neighbourhood in which a home is situated also has a great social value, and this is where town planning has a great role to play."



## SENIOR SOCIAL WORKER

Applications invited for Social Work Position and  
Training Scholarship in Field of Mental Retardation

The Metropolitan Toronto Association for Retarded Children (M.T.A.R.C.) has an opening for a senior person to develop a new social work service. It operates a large day school, adult programs including a sheltered workshop, and a children's residence, among other services.

This field of service being so new, a scholarship has been arranged to provide training and orientation for the person selected to ensure the development of an effective service. Funds for the scholarship have been generously provided by the Junior Red Cross of Ontario, through the Ontario Association for Retarded Children.

**General Duties:** As this is a new service, the duties have not been completely defined, and since one person cannot do everything, priorities will have to be determined, but in general will be:

To initiate and develop a social work service at the M.T.A.R.C. under the general direction of the Executive Director; to study the present services and to plan, in consultation with the Executive Director, the focus of action. Possibilities include the counselling of parents, individually and/or in groups, including child placement; participation in intake studies for admission to school, sheltered workshop and residence; consultation with teachers; participation in research; likely field supervision of social work students.

A period of orientation will be followed by the scholarship training, which undoubtedly will require several months in centres in which such services are well developed.

### **Qualifications:**

Master of Social Work, male or female, minimum of three years' experience in social casework, preferably with families and children. Experience in administrative problems an advantage. Interest or experience with retarded children. Willingness to undertake a period of training and to remain in field.

### **Salary Range:**

\$5,500 to \$6,600. Standard increment for satisfactory service, but no increment until at least 6 months after completion of training period.

### **Applications:**

Address applications, giving age, personal and professional data, to:

Executive Director  
Metropolitan Toronto Association for Retarded Children  
186 Beverley Street  
TORONTO 2B, Ontario, Canada

# We Can Be Prepared

by Martha Moscrop  
and Margaret Miller

**I**T is a sign of good mental health to deny peril. Far better to deny it than be tortured or even destroyed by the anxiety its anticipation can create. Hence, the mental health experts say, it is not apathy or the ostrich in us that makes the job of Civil Defence planners so difficult, but rather this healthy, quite normal mental defence of refusing to believe that peril—in the form of a pulverizing of people and places—could exist.

That Civil Defence planners know and appreciate this psychological truth. That they also know the precise nature of the inhumanities man has devised against man, that they themselves do not succumb to the strafings of anxiety, places them surely among the most balanced of our people.

In fact, let's acknowledge it with gratitude, they represent a new kind of heroism: the heroism of being ready to serve their fellow man in case evil should ever prevail over good.

Social workers are among this heroic breed, the slight irony being that only a few of them know it. Last fall, in Vancouver, the few who do know it decided that the time was long overdue for a widening of the circle of initiates, and on a day early in January this year their planning to that end came to an exciting conclusion.

The planning itself was exciting if a little less dramatic, and for the sake of inspiring others the highlights of the preparatory work will be recounted before you have finished reading this story. Its climax begs to come first.

## The day of study

On that January day, 125 social workers, the majority quite innocent of anything to do with Civil Defence, sat spellbound from nine until five listening to the people who form the authoritative or consultative voices of local, provincial and federal Civil Defence. The spellbinding was not brought on by histrionics but by the quiet, unassuming sincerity of those who told the story and by the revelations that story contained.

Had any of that group brought to this meeting that undeniable moral dilemma which assails the social worker, as it does all people of goodwill—the dilemma of apparently faint-hearted “prevention of” versus massive “preparation for” War—these imponderables were now set aside. The facts must be faced by mature minds. From that day, those minds were thoroughly engaged.

Thereafter, too, they were quickened and inspired, for revelation followed revelation. Vancouver is

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marked on the C.D. map as a "target area" and, without many of its people knowing it, this beloved city is blessed in having as its chief protector a man exceptionally able to plan, coordinate and execute the measures to be taken if the worst happens. This man, Air Vice-Marshal Heakes, gave that audience of social workers brutal facts, but did so with such gentleness and sensitivity that we were not outraged by their horror but gratified that they were known. For to know is to prepare.

### **Civil defence planning**

There is a plan to save all who can be saved, a plan which could be executed moreover for any sort of disaster other than the most dreadful of all. People now occupied in certain jobs vital to safety and health have already been trained and are ready to do all they can to bring order out of chaos. There are people in other cities and towns beyond the mountains who are preparing to receive the streams of people as they "drain" through the mountain passes from danger to safety.

A new thought began to emerge before the Air Vice-Marshal had concluded his talk: man's inhumanity to man is denied by this sort of response to it. The social workers present found an atmosphere growing in which they were completely at home: all C.D. measures begin and end with human well-being uppermost. One could sense the increasing resolution of that group to measure up to the expectations C.D. officialdom has of them.

Gladys Dunn, Welfare Administrator at Federal C.D. headquarters in Ottawa, outlined those expectations in precise detail during the rest of the morning. Here now was a social worker talking to social work-

ers. To be sure, Miss Dunn used C.D. rather than social work language throughout her discourse. We got a new and not unacceptable name, "welfare officers" or "welfare workers" or, en masse, "welfare personnel". but this was rather captivating actually.

There is a whole new lexicon to be learned as social workers take their rightful place in the total C.D. operation, but being susceptible to jargon as we are accused of being, its mastery won't really be difficult for us.

The new terminology in fact went into mental orbit as soon as Miss Dunn began her exposition of the master plan for the welfare people affected by attack. While the uninitiated were staggered by the magnitude of that plan, they were at the same time moved by its magnificence.

All that we need to do is to learn how to implement the plan. Miss Dunn told us with graphic clarity how we could do just that.

This was a revelation of community organization which, for scope and integration, has probably seldom if ever before been plotted and pieced so precisely. (In fact, this day-long institute was itself a demonstration of a piece of community organization, as we shall see presently.)

Miss Dunn made plain the C.D. welfare services' steady undeviating concern for families, for the old and the young, for the well and the sick, before, during and long after the fearful event.

The City of Vancouver, through Air Vice-Marshal Heakes' good offices, was host to the luncheon that followed the stirring morning sessions. This felicitous event is mentioned by way of appreciation but also to suggest that it could be a pleasing prece-

dent should this venture be tried elsewhere. There were no speeches, merely introductions of the headtable people who had worked to bring this day into being.

The afternoon sessions intensified the resolve not to be found wanting that had grown up during the morning and the luncheon. It began with a lecture by one of Canada's brilliant psychiatrists on the subject of how people react in time of stress. Dr. J. S. Tyhurst has made this subject one of his specialties, and he has written a book on his findings. It was he who voiced the truth that began this report.

He was as incisive about other sorts of reactions and their causes and outcomes: "We are nobodies without social roles"; "there is always a need to express hostility in time of stress, to blame something on someone"; "children experience danger indirectly and on the basis of parents' attitudes". These excerpts are only examples of the fore-knowledge we must have when we meet the panic-stricken.

And to handle ourselves as well as this situation, this was Dr. Tyhurst's simple prescription: "Sit down and plan clear-headedly what the sequence of events is likely to be; then plan to pick up the pieces".

An hour of questions followed, the battery of high-ranking C.D. officials giving careful consideration to each of them. When a fully complete answer was not possible the questioner and the group were reassured that clear-headed study of all possible eventualities, and of ways and means, is going on ceaselessly.

Professor Dixon, Director of U.B.C.'s School of Social Work, summed up the day in his inimitable way. That means that he expressed his own stout-hearted belief in the

values, methods and technical skills which social workers can weave into Civil Defence efforts.

Margaret Gourlay gracefully thanked everybody just before they went home, which was strange because actually she was the one to be thanked. For Miss Gourlay is the chairman of Vancouver's C.D. Personal Services Advisory Committee (its members: Helen MacCrae, Ann Furness, Martha Moscrop, Ernie Hill, Stanley Pinkerton, Bill Kellerman, Deryck Thomson) which planned this thrilling Institute. She had given the committee the flawless leadership which is her supreme talent, and gave it too the benefit of her sure knowledge of community organization principles and techniques.

Coupled with her name in similar tribute is that of Mr. R. F. Astbury, Vancouver's C.D. Deputy Welfare Officer. Mr. Astbury not only advised the Advisory Committee all along the way, but so chaired the Institute itself that it moved along with decimal-point precision.

Thanks to Federal C.D., there are such people, many of them social workers, in every large city or town in Canada. These are the people who have attended, all expenses paid, the courses laid on for them at the C.D. College at Arnprior. They are the keys to open the local doors. The Vancouver Committee was motivated in doing all this by the obligation that training imposed upon them.

### **How the day was planned**

Some of the values that obtained in discharging that obligation have been revealed in this report. There are further values to be intimated, and there were others accruing from the planning itself. Here are a few of the latter:

*First*, each step of the way was shared, through the C.D. Welfare Officer or his Deputy with the Coordinator, Air Vice-Marshal Heakes. His cooperation was immediately enlisted and sustained throughout, and it need not be said perhaps that he keenly welcomes the cooperation social work is now ready to lend to his all-important planning. It is worth much more than the substantial financial grant that was obtained from the City Council to meet the expenses of the Institute.

*Second*, the social agencies in the city were alerted about the purpose of the Institute before they saw its design. Very properly, Air Vice-Marshal Heakes wrote the Board of Vancouver's Community Chest and Council; the Board turned the letter over to its Social Planning Committee for deliberation; the Committee returned its unanimous motion that member agencies be urged to avail themselves of the opportunity, and with the Board's full endorsement each voluntary agency was asked to support the venture.

In their turn, the executive directors and their boards saw this Institute as answering an oft-asked question: "What are we supposed to do come the day?" and no persuasion was thus needed to gain their support. Some had a little fear that some of their staff might be somewhat cynical about its value, but if any who attended the Institute were cynical they did not betray it.

*Third*, as accommodation (in one of Vancouver's larger hotels) was limited, attendance was by invitation. A ratio was worked out according to the number of staff employed in each

agency and a block of invitations extended. None refused this use of a day of precious agency time for the social workers selected. In fact, in some larger agencies small friendly rivalries sprang up over that selection.

*Fourth*, the programming, which was subject as always to several revisions as time went on, entailed about ten hours in actual meeting time (four monthly meetings), with some sub-committee work and much good staff work by the chairman throughout. Sometimes C.D. "channels" had to be followed in issuing invitations to official people, but more often not.

*Fifth*, the first few minutes of the Institute were planned so as to be an actual demonstration of one of the major C.D. welfare services: Registration. The cards were prepared by the C.D. office in advance, only two or three items and signatures remaining to be inserted by the registrant. This touch of swift efficiency was quite dramatic in itself.

Finally, let it be fully known that because this planning was so thoroughly done and so excitingly consummated, the Personal Services Advisory Committee now has a lion by the tail (a B.C. lion, that is). The information imparted and the inspiration accruing caught hold of minds and imaginations so thoroughly that the Committee now faces the fact that it has only commenced its work. Thanks to the master planning from Federal C.D. headquarters, which is there for the asking, the steps next to be taken are known. With this will and in these ways we shall be prepared.

## **2,500,000 UNSETTLED REFUGEES**

The Prime Minister issued on June 28 a statement on World Refugee Year, which began on that day.

Today, he said, marks the opening in Canada and elsewhere of World Refugee Year. In all, 52 countries have already announced they will participate in this observance, which was established by the General Assembly of the United Nations at its thirteenth session last December. The aims of this campaign are to focus interest on the serious refugee problems which still exist in the world, to obtain additional financial contributions towards solving them, and to create additional opportunities for permanent solutions.

There are almost 2½ million unsettled refugees in Europe, North Africa and the Middle East and Asia. There are thousands of refugees in Europe who, 14 years after VE-Day, are still waiting, many of them in camps, for someone to give them permanent homes. There are about a million refugees in the Middle East, and almost a million Chinese refugees in the tiny area of Hong Kong. In China today there are 8,000 Europeans searching for new homes. Homes must be found for them.

Meanwhile, however, the refugees must be fed and housed. Just as important, they must be helped to become self-sufficient wherever they are living, so far as possible, for spiritual as well for economic reasons, for economic dependence will surely tend to spiritual degradation.

The Government of Canada has contributed \$1,650,000 in cash to United Nations refugee programs over the last two years, and a further \$53 million worth of food. There has also been a continuing and valuable contribution from Canadian churches and voluntary relief organizations. They have now joined together to establish a Canadian Committee for World Refugee Year, with a national headquarters in Toronto, which will organize a financial campaign in Canada. The committee has accepted the goals which have been set by similar national committees in the United Kingdom, the United States, France, Sweden, New Zealand and other countries.

The Government plans to announce in the next four months further ways in which it also will participate in the program of World Refugee Year.



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depending upon qualifications and experience

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### **THE ONTARIO WELFARE COUNCIL**

*requires*

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to be Secretary**

to the Association of Institutions for Children and Youth and a project promoting Recruitment to Social Work.

Job Definition Available.

The applicant should have child welfare, including institutional, experience, demonstrated capacity in community organization, and be a member of the Canadian Association of Social Workers.

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We would like, if possible, to make this appointment by September 1, 1959.

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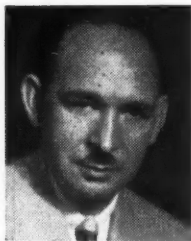
MISS BESSIE TOUZEL, *Executive Director*  
Ontario Welfare Council  
96 Bloor Street West  
TORONTO 5, Ontario

## WHAT THE COUNCIL IS DOING . . .

The Canadian Welfare Council's 39th Annual Meeting and Conference, June 15 to 17 in Ottawa, opened with an examination of social problems in Canada and closed with an exhortation to look also beyond the horizon to the needs of the people in underdeveloped countries. But Mrs. D. B. Sinclair, deputy director of the United Nations Children's Fund, warned at the annual dinner which concluded the meetings that Canadians should not try to impose on far-off regions welfare services patterned on our own.

Graduate schools are a long way in the future for countries where education is scanty, she said: social security measures are beyond the financial resources of most underdeveloped countries; programs for community development are far more practical than individual casework.

For welfare leaders in many parts of the world work against a background of overpopulation, food shortages, widespread diseases, few medical facilities, primitive economies, and governments that are often unstable and inexperienced. But in a sense they are "the lucky ones": they face a challenge, sometimes see spectacular results, and feel an urgency about their work that is sometimes lacking in ours.



Mr. Lucien Massé  
of Hull, Quebec,  
new president  
of the Canadian  
Welfare Council

At the banquet, tribute was paid to two leaders who have served the Council well over many years and are continuing to do so as members of the executive committee and the Board of Governors. They are W. A. Anderson, who retired as chairman of the executive committee after eight years, and W. Preston Gilbride, who retired as president after two years in that office.

The incoming president is Lucien Massé of Hull, Quebec, who has been a member of the CWC since 1945, and was chairman of the French commission during the 1952-1955 period. Kenneth LeM. Carter of Toronto is the new chairman of the executive committee.

The opening-day outline of the challenge facing welfare in Canada was given by Tom Kent of Montreal, special assistant to the president, Canadian Chemical and Cellulose Co. Limited, and formerly editor of the *Winnipeg Free Press*. Miss Bessie Touzel, executive director of the Ontario Welfare Council, followed him on the platform by outlining how social services now are meeting that challenge.

Tuesday—second day of the three-day meeting—was given over to six concurrent sessions on: welfare measures for the unemployed, the chal-

Mr. K. LeM. Carter,  
new chairman  
of the CWC  
Executive Committee



lenge of the national hospital plan for local health and welfare services, family welfare, immigrant integration, aging, and housing.

On the last morning of the conference an examination was made of the contrasting social problems of the new planned community and the old, unplanned, metropolis. Oswald Hall, professor of sociology at the University of Toronto, spoke on the new community, using Elliot Lake, Ontario, as his example. Toronto town planner Anthony Adamson, who is vice-chairman of the National Capital Plan, raised questions about services to the older urban area.

In the afternoon, a four-member panel discussed the relative merits of a contributory program of old age assistance, using as background material the report on Canadian and United States programs made, for the federal government by Professor Robert Clark of the University of British Columbia. Its members were Andy Andras, Ottawa, Canadian Labour Congress; Frank C. Dimock, Toronto, Canadian Life Insurance Officers Association; Harvey Perry, Toronto,

Canadian Tax Foundation; and Dr. E. S. L. Govan, School of Social Work, University of Toronto.

Space does not permit naming of all the conference speakers. Suffice it to say their contributions made the conference a period of critical, useful and interesting self-analysis by Canada's social welfare leaders. Registrations totalled nearly 500, and members from all ten provinces and the Northwest Territories participated in a conference that provided as penetrating and broad-ranging an examination of the social welfare scene as has yet been afforded in such a meeting. Observers from the United States, the United Kingdom, Nigeria and Puerto Rico were present and expressed great pleasure in seeing this demonstration of Canada's social planning efforts.

We plan to publish in early issues of this magazine the gist of some of the outstanding papers so that those who could not attend may share in the stimulation to thought that they afforded, and so that those who did attend may reflect at leisure on the new ideas put forward.

R.L.

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## A Letter

To the Editor:

It seems that every edition now has at least one article in it that one member or another of our staff wants to put some special work on. Last month I was assigned the job of speaking to C.A.S.W. on the articles by Rosemary Hamilton and John Seeley. In the latest edition, which

just came across my desk this morning, it is Alan Klein's article on which I want to do some special work and a lot of thinking.

J. M. ANGUISH

*United Community Services  
of Greater London,  
London, Ontario*

July 15, 1959

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# A C R O S S C A N A D A




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**Unemployment Insurance** Amendments to the unemployment insurance act, including an average 30 per cent increase in the contribution rates of employers and employees, were approved in principle by the House of Commons in May. The vote was 132 to 34 as the Liberals and all but one CCF'er (Harold Winch - Vancouver East) opposed the increase in contributions. The bill then went to the Commons Committee on Industrial relations, where it was almost lost sight of in a tempest of bitter squabbling.

Liberals and CCF'ers had maintained that the depletion in the unemployment insurance fund due to the recession should be made up by an increased contribution from the government. The fund, they held, was designed as protection against seasonal and temporary unemployment, not as a means of dealing with heavy national unemployment. At present the government pays a fifth of the combined employer-employee contribution; the opposition wanted this raised to a half. Labour Minister Starr maintained that the employer-employee raise in contributions was necessary to retain the insurance principle and keep the fund in balance.

All parties were in agreement with sections of the bill which would: extend the benefit from 36 to 52

weeks; increase the allowable earnings of claimants with dependents; add two new salary brackets so the insurance will cover those earning between \$4,800 and \$5,460 (about 80,000 workers); and extend from 44 weeks to two years the length of prison sentence during which a convict could retain insurance protection to which he had contributed.

**Indian Affairs Committee** A joint committee to study the affairs of Canada's 174,000 Indians was set up in May, with Noel Dorion, M.P., and Senator James Gladstone (first Indian Senator) as co-chairmen. The Indian Affairs Committee is made up of 24 members of the Commons and 12 senators; it will receive delegations from Indian associations across the country. It is expected that the subjects to get most attention will be education, housing, enfranchisement, good roads in the reservations, and the relative merits of elected and hereditary councils.

**Ontario Immigrant Welfare** Immigrants residing in the Province of Ontario are now eligible to receive the same measure of welfare assistance as is available to other residents.

From the date of their arrival in Ontario, immigrants, should the need arise, will be entitled to social and

welfare benefits, including direct relief, under the General Welfare Assistance Act. The costs will be shared between the federal government and the province under the Unemployment Assistance Act.

The federal and provincial governments will continue to share the cost of hospitalization for immigrants who during their first twelve months of residence in Canada, become indigent as the result of accident or illness.

The Department of Citizenship and Immigration will, as in the past, continue to assist immigrants in becoming established in this country but those in need of social welfare services will benefit from the assistance available through the Ontario Department of Public Welfare.

Ontario becomes the first province to accept this responsibility, which affects the majority of immigrants, since more than half of them are yearly destined to that province. Negotiations have been initiated with some of the other provinces with a view to concluding similar arrangements.

In Ontario coordination of provincial government activity on behalf of immigrants (public health, public welfare and education) has been put into the hands of the Provincial Secretary's department. A director of citizenship is to be appointed.

**Saskatchewan Social Aid** Saskatchewan's new Social Aid Act, the basis of which was worked out and mutually agreed to by a committee representing both the urban and rural municipal associations of Saskatchewan and the Department of Social Welfare, became effective April 1, 1959.

The act provides for: elimination of the municipal residence requirement; municipal financial participation on a per capita basis; greater financial assistance to the municipalities through the government assuming a greater share of the social aid costs; more equitable distribution of costs among the municipalities; certain minimum standards to improve the administration of the program; the implementation of procedures which will operate on an insurance principle protecting municipalities against unpredictable or unmanageable costs.

Under the new legislation, municipalities will grant aid to any person within their borders who can demonstrate need. They will be reimbursed the full amount of any aid granted and assessed annually on a per capita basis for their share of any province-wide costs.

**Alberta Medical Care** Alberta's old age pensioners, blind pensioners, recipients of mothers' allowances and widows' allowances, and the dependents of persons in these categories are provided with many forms of health assistance by the Alberta Department of Public Health. They may obtain free medical, dental, optometric, physiotherapy and related services.

Treatment services available include medical and surgical care by a qualified physician; dental work including half the cost of new dental plates; optical services including examination and one pair of glasses every two years. Special nursing care is also provided on recommendation of a medical practitioner and approval of the director of the Medical Services Division.

In 1958 a new program was introduced, providing free distribution of penicillin pills, on the recommendation of their doctors, to rheumatic fever sufferers under 18 years of age. Tablets are to be taken regularly as a preventive to recurrent rheumatic fever attacks and consequent danger of heart impairment. At present more than 600 children are receiving supplies of penicillin tablets.

**Old Age  
Housing  
Information**

The housing branch of the Ontario Department of Planning and Development is now prepared to secure and make available full information concerning all types of housing for elderly people. Until this time there has been no one place where such information was coordinated for distribution to those concerned with accommodation for the aged.

Recently it has become apparent that citizen groups in this province wishing to undertake some type of living arrangements for older people need at the outset a central location from where they may get advice as to legislation affecting such projects, as well as assistance in surveying the actual needs of a given community.

Through the Department's experience in investigating the need for housing in various Ontario municipalities, considerable amounts of useful information relating to accommodation needs of the aging has been obtained. Upon receiving enquiries from municipalities, service clubs, etc., advice based on this experience has been given, until now, on an unofficial basis.

**Toronto  
Homemaker  
Service  
for Elderly**

How great is the need among older people for visiting homemaker service? What specific types of help would enable

many of them to remain in their own homes? Who qualifies as a homemaker for elderly people? How much would such a program cost? In September 1957 the United Appeal of Toronto agreed to finance a three-year pilot project to shed light on questions such as these.

Responsibility for getting the facts and for launching an experimental service fell to the Toronto Visiting Homemakers Association, the oldest of its kind in Canada. A limited geographical area in which to undertake a pilot project was agreed upon. Within this district, however, service is available to any person 60 years of age or over who, between the homemaker's visits, can manage independently or with the aid of some responsible member of the household.

Usually service is arranged on an hourly basis between eight in the morning and six at night. In special situations, a homemaker may be supplied for full day-time service for a limited time. If the elderly person is unable to manage the full fee, an adjustment is made.

In no case does the homemaker simply take over. Always the attempt is made to keep the elderly people as independent as possible.

During the first 15 months of the service, the agency supplied help in forty-three situations to the benefit of 81 old people who were mainly brought to the attention of the staff by visiting nurses, doctors, social workers (especially in hospitals) and clergy. About one-half of the old persons lived alone.

A supervisor gives general direction to the program, assisted by a part-time secretary. As many as six full-time homemakers are planned for. In launching the project, some use was made of newspaper and radio publi-



city but a very important step was visiting various organizations already in direct contact with older people. Co-operation is now perhaps closest with the various health agencies.

#### **Homes for Aged in Quebec**

An Act to Facilitate the Establishment of Homes for the Aged received the assent of the Quebec Legislature in December 1958. The Act, which was passed with a view to establishing homes as near as possible to their own communities for aged couples who are unable to keep house for themselves, authorizes the Lieutenant-Governor in Council to appropriate 15 million dollars for the construction and maintenance of such homes.

The province itself may erect, furnish and maintain these homes, or it may make grants on such conditions as it determines and enter agreements with persons, societies and public or private corporations for this purpose. The Lieutenant-Governor in Council is given power to make regulations to ensure the safety of such homes and the comfort of their occupants. Administration of the Act is the responsibility of the Minister of Social Welfare.

#### **Rehabilitation in Hamilton**

The executive director of the Institute of Physical Medicine and Rehabilitation of Hamilton writes as follows:

"Our Institute was actually incorporated in June of 1955. However, we were not really operating until October of 1958, when we began to hold case conferences and do some work towards co-ordinating rehabilitation services in this city.

"We now have an acting medical director, part time, a medical assis-

tant, part time, a senior physiotherapist, full time, a vocational counsellor, part time, and myself, who am pinch hitting as medical social worker at the same time as I am carrying the administration of the Institute.

"We see ourselves first of all as a community organization engaged in the coordinating of the rehabilitation services now operating in the community, believing that the handicapped person must be seen as a total person and treated medically, socially, psychologically, and vocationally.

"After certain alterations are made we are anticipating moving into one of the San buildings which is now empty. At that time an organization that has been giving physiotherapy and occupational therapy service to Hamilton people over the years will be moving with us. Three other organizations in the rehabilitation field will also have offices in our building.

"The Institute will provide any services these organizations need and will sponsor a council of rehabilitation agencies which we hope will be a guiding light toward the development of the program needed here.

"During this waiting period our work with patients consists of some medical examinations, the obtaining of medical reports, consultations with social workers, occasional visits to the homes of patients, vocational testing and counselling, and some work in the area of job placement. We are forming an employment advisory committee which we are hopeful will help to sell to industry the idea of employing handicapped workers.

"Actually this whole project is the Golden Jubilee Project of Hamilton Rotary Club. Our very active board of directors consists entirely of Rotarians and our medical board is com-

prised of leading physicians in specialties related to rehabilitation and physical medicine.

"We anticipate taking on further staff members in May and June and once we are in our newly refurbished quarters, probably about July, we shall be operating on a considerably expanded scale."

#### **Brantford Master Plan**

In harmony with a new trend in community organization, the Community Welfare Council of Brantford and Brant County is developing a master plan for meeting the health, recreational and welfare needs of its territory. The plan was conceived by laymen on the board of directors; it began as a five-year plan but quickly grew into a longer-term endeavour.

The executive director writes: "Our citizens found that we were projecting plans for almost everything else in the community except these factors, for which we found that most communities have no plans for the future, and very few for the present. . . . A committee has been established, and is now in full operation with six sub-committees. The committee is chaired by our former mayor who is recognized as an outstanding citizen and senior business man of this community. The committees are composed of lay and professional personnel working together in a common cause. We have already discovered that through their efforts to secure basic information our citizen body are becoming more informed than ever about fundamentals of welfare planning in its broadest sense."

The plan is to include, among the

usual problems, study of the need for county-wide service and possibly a welfare unit. The proposed program points out that the present system of social services is fairly well urbanized. Citizens of Brantford receive services which, in many cases, are sometimes unavailable or unknown to citizens who reside in a town, village or rural area. The present method of such urban-centered social services is hardly fair to other citizens who reside outside the city.

#### **Edith L. Lauer Award**

Canadian agencies or individuals, as well as American, may be nominated for the Edith L. Lauer Award which is being administered by the Child Welfare League of America. The award recognizes an achievement of the year by an agency in the field of child welfare. Nominations for the 1960 award should be sent to the Publications Committee, Child Welfare League of America, 345 East 46th Street, New York 17, N.Y., before October 1st, 1959. Further preliminary information is available from the Committee.

#### **Quebec Alcoholism Research**

The minister of health for Quebec announced in May the establishment of a committee for the study of alcoholism in the province. The committee will draw on the experience of all groups having to do with research and study of problems associated with alcohol, with public education and with coordination of treatment. Such groups include clergy, doctors, social workers, temperance movements, and rehabilitation clinics.

**Canadian Welfare**

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To commence August 15.

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# A B O U T



# P E O P L E

**F. R. MacKinnon** has been appointed Deputy Minister of Public Welfare for the province of Nova Scotia. Replacing Mr. MacKinnon as Director of Child Welfare is **D. H. Johnson**, former Assistant Director of Child Welfare. **D. J. Coulter**, who was Regional Supervisor of Welfare Services for Cape Breton is now Director of Mothers' Allowances for the province.

**H. S. Rupert**, who had been Commissioner of Public Welfare in Toronto since December 1947, retired on May 31 of this year. On June 22 **Miss Robena Morris** was named by the City Council to succeed Mr. Rupert, and assumed her new duties on June 26. Miss Morris has had almost 32 years of experience with the Toronto Department of Public Welfare, and most recently held the position of Director of Welfare Services.

**J. M. Bevan**, formerly on the staff of the Child Welfare Branch, Province of Ontario, is now Director of the Children's Aid Society of Windsor.

**Jean Garneau**, chairman of the Prison Selection Committee, Alberta, was awarded in April a Canada Council senior research fellowship in the Social Sciences for advanced studies in criminology. Grants in aid of research were given to **Ian L. Camp-**

**bell**, professor of sociology at Mount Allison University, to continue studies of penitentiary inmates; **Oswald Hall**, department of sociology, University of Toronto, to study public hospital insurance in the United Kingdom; and to **Martha Moscrop** of the British Columbia Department of Social Welfare, for a project on social legislation. Short term grants for work on the *Literary History of Canada* went to **John Irving**, Victoria College, Toronto, and to **John Porter**, department of sociology, Carleton University, Ottawa, for work on "Studies of Current Problems in Canada", sponsored by the Social Science Research Council of Canada. Both are members of the advisory board of this magazine.

**Rachael Young**, who was director of the Children's Aid Society of the City and County of Peterborough, is now local director of the Sarnia Children's Aid Society.

**James Gipton** has resigned from the staff of the Children's Aid Society of Metropolitan Toronto to join the teaching staff of the University of Toronto School of Social Work where he will also work on his doctorate.

**E. J. Birnbaum** has been elected president of the Ontario Welfare Council.

**D. B. Fenny**, formerly director of the Sudbury Children's Aid Society, will become executive director of the Children's Aid Society of Ottawa and Carleton County in October, replacing **Clarence Halliday**, who is retiring.

The University of Toronto has announced the appointment of **Dr. Mary Laurence** to head its program in gerontology. This new project is made possible by a \$25,000 gift from the Soroptomist Federation of the Americas Inc. To begin in the fall, it will study the problems faced by business and professional women of retirement age and seek their alleviation.

**Cecil N. Gorby** and **Harry A. Willems** joined the staff of the Saskatchewan Department of Social Welfare and Rehabilitation on June 1st. Both will be associated with the regional services branch of the department as regional administrators, Mr. Gorby at Weyburn and Mr. Willems at Melfort.

**Douglas G. Gardner** who established the Homemakers and Nurses Services program of the Ontario Department of Public Welfare and was Supervisor of the service from its inception in August 1958, has recently assumed new responsibilities with the Child Welfare Branch of the Department as Child Welfare Supervisor.

## CANADIAN CONFERENCE ON SOCIAL WORK

In 1960 social workers from across Canada will meet in Halifax to discuss the problems created by the rapid changes taking place in our country. Population shifts, cultural changes, age changes in the population, industrial development, "automobility", and so on, affect the pattern of social services and it is proposed to study the new trends.

The program committee believes that although particular aspects of social work should not be neglected there should be a special effort to bring workers from different fields together for joint study of the problems in the community. Discussion groups will explore the problems created by changing conditions as a whole rather than in segments.

Emphasis is to be placed on prior study of problems by study groups formed during the fall and winter, on a special committee basis, through branches of the CASW, or in other

ways. Written materials for study prior to the conference will be distributed.

In the replies received from the first announcement of the conference there had been a demand for greater participation by members of the conference and the planning will keep this object in view.

Details of preparations will be circulated during the summer, and those interested will be invited to make suggestions on every aspect of the planning. All the principal features of the conference pattern, so far as it has progressed, have been supplied by those who replied to the first announcement with their suggestions. It is hoped this process will be continued and expanded through the fall and winter months, so that the conference will meet as exactly as possible the needs and interests of welfare workers in Canada.

DAVID SMITH, *Secretary*.

### **WANTED**

Applications for position of Program Director. Group work agency reorganizing into an inter-ethnic intercultural program.

M.S.W. and experience preferred. Salary according to training and experience.

Duties to begin September-October, 1959.

*Apply to:*

MRS. VYOLA W. MILLER  
*Executive Director*  
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941 Bathurst Street  
TORONTO 4, Ontario

### **Required CASE WORK SUPERVISOR for**

#### **Child Care Department**

*Qualifications:* Graduation from a recognized School of Social Work (M.S.W. preferred) and experience in a family or child welfare agency.

*Salary Range:* \$4560-\$5760. Annual increments \$250 per year.

University centre with opportunities for professional development. Psychiatric consultation. Good personnel practices.

For particulars write:

MISS ASTA EGGERTSON  
*Executive Director*  
The Children's Aid Society of  
Winnipeg  
310 Donald Street  
WINNIPEG 2, Manitoba

### **THE EDMONTON FAMILY SERVICE BUREAU**

*is seeking*

**the services of experienced graduate caseworkers who:**

- are looking for an agency with a progressive philosophy
- are anxious to experiment with casework methods
- are seeking excellent supervision and psychiatric consultation
- are wanting a reasonable salary without having to assume supervisory or administrative responsibilities
- would like to live in a friendly forward looking city.

Appointment salary to \$5400 depending upon qualifications and experience.

*Apply to:*

JACKSON N. WILLIS, *Executive Director*,  
Edmonton Family Service Bureau,  
604 - 10205 99th Street,  
EDMONTON, Alberta, Canada.



## **WANTED**

Experienced social worker to teach social casework and assume other duties on the faculty of

### **THE MARITIME SCHOOL OF SOCIAL WORK**

Salary and academic rank related to education and experience. Appointment to made in time for the opening of the fall term.

Further information available from the Director, 150 Coburg Road, HALIFAX, Nova Scotia.

## **OPPORTUNITY IN APPLIED SOCIAL SCIENCE**

**Duties:** (1) developing case studies in community organization and change; (2) training professional and lay leaders working with people in communities; (3) consultation on professional training programs.

**Qualifications:** Ph.D. in Social Science field is desired with experience. Minors in education, extension education or social welfare useful. Extension, education, or welfare major with strong social science minor considered. Experience in writing, community programs, adult education, human relations and leadership training, field surveys and analysis considered assets.

**Salary:** \$7,000 to \$8,000 depending on qualifications; substantial fringe benefits.

**Reply:** Training Division, Centre for Community Studies, University of Saskatchewan, SASKATOON, Saskatchewan.

# BOOK



# REVIEWS

**Social Policies For Old Age** — A Review of Social Provision for Old Age in Great Britain, by Barbara E. Shenfield. London: Routledge and Kegan Paul Ltd., 1957. (Available in Canada from British Book Service, 1068 Broadview Ave., Toronto 6). 230 pp. Price \$5.50.

Barbara Shenfield has approached a subject of complexity in a masterly manner. She delves deeply with equal facility into such varied aspects of the problems of aging as policies on employment, pensions, housing, welfare, and medical care.

The author speaks with the voice of authority. She was formerly a lecturer in social studies at the University of Birmingham, and chairman of the advisory and welfare committee of the Birmingham Council for Old People. For eight years she regularly visited old people and did other work for them. She opened a pioneer day centre for infirm aged, and has helped in the management of old people's homes.

Many of the facts brought out in the book have application in Canada although the book deals with policies in the United Kingdom. While of particular interest to students of sociology and others closely connected with the problems of aging, the book contains much useful information of value to industry in formulating hiring and retirement policies.

Each policy is thoroughly examined both from the economic and humanitarian standpoint. The book is

packed with statistical data, but sympathetic understanding of the needs peculiar to elderly persons shines through the academic statements and conclusions. It is this underlying current of sympathy that makes this document more than a scholarly study.

Workers in the field of social welfare will find useful information in the chapter dealing with residential care and domiciliary welfare services. In this chapter the author discusses at some length such topics as old people's homes, residential care, family care, care of the infirm elderly, domiciliary services, the need for occupations and interests for elderly people living alone, leisure occupations, old people's clubs, friendly visiting, and voluntary organizations.

The important problem of housing for elderly persons is examined in considerable detail. Mrs. Shenfield considers such aspects as mobility of older householders, housing designed for old people, flats and converted properties, old people's households, and many other details connected with the housing problem.

All through the book there is a recognition that all parts of the whole problem — for instance, employment, retirement, housing, welfare, rehabilitation and medical care — are closely inter-related.

H. L. DOUSE

*Department of Labour  
Ottawa*

**Rehabilitation After Illness and Accident**, by Thomas M. Ling and C. J. S. O'Malley. London: Ballière, Tindall and Cox (Toronto: Macmillan), 1958. 119 pp. Price \$2.15.

This book has been written by a medical and paramedical team who have had a wide experience in the rehabilitation of different types of physical disabilities. It covers the emotional, social, medical and vocational problems encountered by a person who is incapacitated by illness or accident. The authors give emphasis to the vocational aspect of rehabilitation and to the resettlement of the patient following a prolonged disease or severe injury.

It should never be forgotten that emotional factors may influence the physical recovery of any disabled person. Emotional stability and positive motivation to get well are essential for a complete rehabilitation in long-term illness. The longer the delay between the onset of a disability and the return to work, the greater the importance of rehabilitation measures.

This book gives a clear picture of the existing facilities for vocational rehabilitation and resettlement in Great Britain. These include the medical rehabilitation centres, the industrial rehabilitation units and the government training centres.

Industrial rehabilitation units are most valuable for patients who have been incapacitated for a long period and are discouraged by inaction. As these patients may doubt their ability to return to work, these units, where patients may be retrained to mental and physical exertion and may regain confidence and optimism, are a bridge between hospital treatment and work in industries or training centres.

At present there are rehabilitation

centres scattered in the different provinces of Canada. We can use the existing facilities to train the handicapped who are unable to return to their previous occupation and need vocational retraining, but we do not possess industrial rehabilitation units and well-organized sheltered workshops that could bridge the gap between convalescence and full employment.

The authors understand thoroughly the concept of the total care of the patient, which is well illustrated in the various chapters of their book. Adequate rehabilitation facilities and suitable training can help many disabled persons to obtain an independent, useful and productive life.

Sometimes rehabilitation cannot be achieved up to the point where a patient becomes self-supporting from a financial point of view, but we have to consider that it is already an important improvement if he can be helped to become more independent of others at home and better able to take a useful part in the family activities.

This book should be read by the medical profession, by all the paramedical workers in the field of rehabilitation, and especially by those who have to participate actively in the resettlement of the physically disabled.

All who have had some experience in the field of rehabilitation will find it interesting and stimulating. They will again realize the necessity for a complete assessment of the physically handicapped and the importance of a well-organized vocational rehabilitation program.

MAURICE MONGEAU, M.D.

*Rehabilitation Institute of Montreal*

**The Family Life of Old People, An Inquiry in East London**, by Peter Townsend. London: Routledge and Kegan Paul, 1957. (In Canada from British Book Service, 1068 Broadview Avenue, Toronto 6). 284 pp. Price \$6.50.

This inquiry into the lives of 203 old people "living in a working class borough of East London" is in the best tradition of British social research reports—searching, painstaking, detached. Mr. Townsend makes considerable demands on his readers and for this reason, among others, the book is rich in rewards for those who apply themselves to it.

The first of the two parts of the report is "wholly sociological". It shows that "the extended" (three generation) family unit is "the most dominant interest of most old people in the borough". The second part discusses the social problems of old age in the light of this knowledge. The final chapter considers the implications of the findings for social policy.

The parallels between the problems faced by old people and their families in Britain and Canada will be of special interest to Canadians. Of the several thought-provoking conclusions "the major function of the grandparent in the family structure" emerges as the most important finding of this book.

It is heartening to find scientific evidence boldly showing that the contribution to society made by the senior citizen is such that "if confirmed elsewhere we may have to re-examine many of our ideas about the family, child-rearing, parenthood and old age."

Other findings point to the relative non-use of available community resources, the typical refusal by large

numbers of eligible persons to accept desperately-needed supplementary assistance when there is a means test, the lack of church identification, the cruel tragedy of forced retirement of older workers, and the consistently-met refusal to give up precious independence even when it rests tragically often on sub-marginal incomes.

Mr. Townsend's most urgent plea is that social policy will be based on a recognition that the social, psychological, and health needs of the elderly can best be met by the family, and that the family must be helped to ensure the continued, socio-economic independence of the elderly. This means a marked increase in assistance grants, and an aggressive social welfare policy "to locate the large but unknown percentage who are not applying for needed help". Another urgent plea is for an end to age-discrimination in employment.

This is a book which will leave the reader disturbed but with the warmest feelings for an author whose writing, in a field not noted for dramatic colour, is sensitive and penetrating.

WILLIAM MAIN

*Family Service Bureau  
Hamilton, Ontario*

**Concepts and Methods of Social Work**, edited by Walter A. Friedlander. Englewood Cliffs, N.J.: Prentice-Hall, 1958. 308 pp. Price \$4.50.

According to the editor, this book seeks to provide "an up-to-date description . . . of the three basic methods of social work practice", casework, group work and community welfare organization, and to describe present thinking on social work principles and methods in a way which will be valuable for board

Canadian Welfare

members and persons in other lands who wish to learn about American social work.

After a short introduction by the editor on what he calls "generic principles", the main sections are written by three important contributors, each dealing with one of these basic methods and describing the theory of what the social worker does, rather than how social work is done. In the final chapter the editor describes social welfare administration and social work research in less detail as "techniques facilitating social work practice."

In the section on casework, Henry S. Maas describes and illustrates the "role theory" in a way which is informative and thought-provoking to the professional reader. He writes as if this were the sole theoretical approach of all caseworkers, but the newest theory does not usually provide an "up-to-date description" of practice and is likely to give an erroneous impression to the uninformed reader.

Gisela Konopka provides a clear and very interesting outline of the goals and methods of group work, particularly useful for beginning workers. This includes, however, a lengthy case study of a group of epileptic patients, which is too complicated to illustrate the points of the more elementary discussion, and which suggests that group therapy is universally accepted as being within the normal function of a social worker.

The third contributor, Genevieve Carter, writing on community welfare organization, is the only one who admits frankly that she is presenting one point of view in a field in which there is disagreement. She describes the theory that community welfare

organization is a "social work method when it is used within the framework of common social work values, ethics and philosophy" but that "other types of activities . . . constitute an important part of the work". The outline of a day in the life of a social worker in community organization is particularly useful interpretation.

All these three sections provide stimulating reading for the professional worker, regardless of the social work method in which he specializes. Much of the material would increase the understanding of the well-informed layman, if he realizes that each is a presentation of one point of view. Each chapter includes an illustrative case study and a short, elementary bibliography.

The first two presentations are weakened by what appears to be belated attempts to present elementary facts following the more difficult theory, to conform with the stated purpose of the book: for those who can comprehend the earlier material, the additions are unnecessary.

As a strong presentation of one point of view regarding each of the three methods discussed, the book has decided value: as an attempt to fulfil its declared purpose, it is very misleading.

ELIZABETH GOVAN

*School of Social Work  
University of Toronto*

**The Troubled Child**, by Helen Moak. New York: Henry Holt (Toronto: George J. McLeod Ltd.), 1958. 176 pp. Price \$4.00.

An encouraging growth of public interest in the problems and treatment of the emotionally disturbed child has been reflected in the press, and over radio and television. Unfortunately, there has been no comparable in-

crease in the publication of more serious books and journal articles on these subjects. The few really useful books available are not of recent vintage, and some of them are written in a style so arid, and so gritty with jargon, that assimilating a page is rather like trying to swallow a handful of gravel.

It is therefore pleasant to find a serious, thoughtful and well-written book on this subject by a layman. Mrs. Moak is the mother of an emotionally disturbed child. Her book is based on her own experiences, and on her contacts with schools and treatment services in the Philadelphia area. Its purpose is to help parents understand the nature of their problem, and the means which can be used to correct it.

The book is written objectively, as a general introduction to the field rather than as a recital of personal difficulties. The chapters containing descriptive material on the problems of the disturbed child and his family are very well handled. Mrs. Moak

thinks of children as persons, and not as bundles of symptoms and representations.

She also gives an excellent summary of the aims and methods used in treatment by therapists, and of the workings of child guidance clinics. Her chapters on the work being done with disturbed children at the Sklar School in Philadelphia are sketchy but stimulating—one would like to know a good deal more about this school and its teaching methods.

Mrs. Moak is critical of some of the treatment methods used by child psychiatrists, and of casework procedures in some child guidance clinics. In a defensive introduction, Dr. Melvin S. Heller exorcises this demon of lay criticism with the magic incantation "transference phenomena". Professional workers in this field would do well to take Mrs. Moak's comments more seriously. I recommend this book highly.

W. T. LAWSON

*Thistletown Hospital  
Thistletown, Ontario*

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## BRIEF NOTICES

**Caring for Intellectually Handicapped Children**, by Ralph Winterbourn. Wellington, New Zealand: New Zealand Council for Educational Research, 1958. Available in Canada from Oxford University Press, 480 University Ave., Toronto 2. 46 pp. Price 75 cents. A booklet to provide a simple and direct manual for parents of intellectually handicapped children.

**Voluntary Medical Insurance in Canada 1957, Summary Data.** Ottawa: Department of National

Health and Welfare, March 1959. Free on request from the Queen's Printer, Ottawa, or the Department of National Health and Welfare.

**Voluntary Hospital and Medical Insurance in Canada, 1956.** Ottawa: Department of National Health and Welfare, December 1958. Report of the Research and Statistics Division, Health Care Series No. 10. Free on request from the Queen's Printer, Ottawa, or the Department of National Health and Welfare.



## **SOME CANADIAN WELFARE COUNCIL PUBLICATIONS**

### **Councils in Modern Perspective**

What is a welfare council? What is its role in the community? This guide to welfare councils is based on recent observations on trends in community welfare planning. It was prepared by a study committee of the Councils Section of the Community Funds and Councils of Canada, a division of The Canadian Welfare Council.

**62 pages . . . . Price \$1.00**

### **Social Workers in Social Welfare**

A special issue of *Canadian Welfare*, published March 15, 1958, and devoted to the profession of social work: training, qualifications, specializations. This interesting interpretation of the profession is especially recommended for students interested in the field.

**59 pages . . . . Price 40 cents**

### **Old Age**

A special issue of *Canadian Welfare*, published May 1, 1955. The articles on this important subject are still pertinent and timely. They cover the aging population, recreation, housing and living arrangements, employment and income maintenance, home aids, and other subjects. A wealth of information for anyone interested in problems of aging.

**64 pages . . . . Reduced price: 20 cents**

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### **Publications Section**

**THE CANADIAN WELFARE COUNCIL**

**55 Parkdale Avenue, Ottawa 3, Canada**

## **SUMMARY OF 1959 FEDERATED FUND-RAISING CAMPAIGNS**



Total Fund Campaigns in Canada: 94

### **88 CAMPAIGNS REPORTING**

40 United Funds with Red Cross serving a population of 9,030,790

48 Community Chests with 1,536 Participating Agencies

### **DOLLAR RESULTS**

Total Goals.....\$28,379,324      Total Raised.....\$27,546,116

Percentage of goals raised in 1959: 97.1 (1958: 94.7)

United Funds raised 52.7% of total raised.

Community Chests raised 47.3% of total raised.

### **PERCENTAGE OF GOALS ACHIEVED**

United Funds 98.5%

Community Chests 95.5%

30 Campaigns achieved their goals.

58 Campaigns achieved 90% or better.

### **DOLLARS RAISED PER CAPITA IN CAMPAIGN AREAS**

All Campaigns: \$3.05 in 1959 (\$3.03 in 1958)

United Funds: \$4.20

Community Chests: \$2.34

Community funds which are members of Community Funds and Councils of Canada raised 96.4% of all federated campaign dollars in Canada.

**Note:** The complete listing of campaign results for 1959 (campaigns in fall 1958, and winter-spring 1959) will be supplied upon request to the Community Funds and Councils Division of the Canadian Welfare Council, 55 Parkdale Avenue, Ottawa 3.